

## **V. Attachments**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

**FY 02 MENTAL HEALTH BLOCK GRANT PROPOSAL  
FACE SHEET**

1. CMHSP: \_\_\_\_\_

2. Primary program area of this request: (Please check below.)

Adult Request

- |  |  |
|--|--|
| <input type="checkbox"/> Anti-Stigma Initiatives                             | <input type="checkbox"/> Jail Diversion                |
| <input type="checkbox"/> Consumerism   | <input type="checkbox"/> Assertive Community Treatment |
| <input type="checkbox"/> Consumer Run, Delivered, or<br>Directed Initiatives | <input type="checkbox"/> Clubhouse Programs            |
| <input type="checkbox"/> Vocation/Employment                                 | <input type="checkbox"/> Aging/Older Adults            |
| <input type="checkbox"/> Case Management                                     | <input type="checkbox"/> Rural Initiatives             |
| <input type="checkbox"/> Co-Occurring Disorder                               | <input type="checkbox"/> Homeless Population           |
| <input type="checkbox"/> Person-Centered Planning                            | <input type="checkbox"/> Specific Sub-populations      |
| <input type="checkbox"/> Self-Determination                                  | <input type="checkbox"/> Other (Please identify)       |

3. Please indicate if the project primarily serves residents of urban or rural counties (see attached list).

☐ Rural ☐ Urban

4. Request for:

☐ One-year proposal ☐ Two-year proposal

5. Name and phone number of the person at the CMHSP to be contacted regarding this application: **(This person must have the authority to modify the budget forms and the work plan in the event that the review panel requests changes that will make the proposal appropriate for funding recommendation.)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_

6. Project Information:

a) Name of Proposed Project: \_\_\_\_\_

b) Proposed Start Date: \_\_\_\_\_

c) Specific communities/target areas to be served: \_\_\_\_\_

d) Summary of service(s) that will be developed: \_\_\_\_\_

e) Total Mental Health Block Grant Funds Requested: \_\_\_\_\_

f) Rank this request in relation to the number of requests submitted by your CMHSP:

Rank order of this request \_\_\_\_\_. Total number of requests submitted: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CMHSP Director

**ATTACHMENT B**

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
**PROGRAM BUDGET SUMMARY**

Page                      of

PROGRAM		CODE	BUDGET PERIOD FROM                      TO		DATE PREPARED
CONTRACTOR			BUDGET FOR ORIGINAL AGREEMENT		OR AMENDMENT #
ADDRESS		CITY	STATE	ZIP CODE	PAYEE IDENTIFICATION

	EXPENDITURE CATEGORY				TOTAL BUDGET
1.	Salaries and Wages				
2.	Fringe Benefits				
3.	Travel				
4.	Supplies and Materials				
5.	Contractual (Subcontracts)				
6.	Equipment				
7.	Other Expenses				
8.	TOTAL DIRECT EXPENDITURES				
9	Indirect Costs: Rate #1   %				
	Indirect Costs: Rate #2   %				
10.	Other Cost Distributions				
11.	TOTAL EXPENDITURES				

**SOURCE OF FUNDS**

12.	Fees and Collections				
13.	State Agreement				
14.	Local				
15.	Federal				
16.	Other				

17.	TOTAL FUNDING				

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PROGRAM BUDGET - COST DETAIL

Page \_\_\_\_\_ of \_\_\_\_\_

PROGRAM	CODE	BUDGET PERIOD FROM _____ TO _____	DATE PREPARED
LOCAL AGENCY	ORIGINAL BUDGET	AMENDED BUDGET	AMENDMENT NUMBER

  

1. SALARY & WAGES - POSITION DESCRIPTION	POSITIONS REQUIRED	TOTAL SALARY	COMMENTS
TOTAL SALARIES AND WAGES			

  

2. FRINGE BENEFITS: (Specify)

<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS.	<input type="checkbox"/> DENTAL INS.	<input type="checkbox"/> COMPOSITE RATE _____ %
<input type="checkbox"/> UNEMPLOY INS.	<input type="checkbox"/> VISION INS.	<input type="checkbox"/> WORK COMP.	
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS.	<input type="checkbox"/>	
<input type="checkbox"/> HOSPITAL INS.	<input type="checkbox"/> OTHER:		

TOTAL FRINGE BENEFITS	\$
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3. TRAVEL (Specify if any items exceed 10% of Total Expenditures)	
TOTAL TRAVEL	\$

  

4. SUPPLIES AND MATERIALS (Specify if any item exceeds 10% of Total Expenditures)	
TOTAL SUPPLIES AND MATERIALS	\$

  

5. CONTRACTUAL (Subcontracts)																
<table style="width: 100%;"> <tr> <td style="width: 33%;"><u>NAME</u></td> <td style="width: 33%;"><u>ADDRESS</u></td> <td style="width: 34%;"><u>AMOUNT</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: right;">TOTAL CONTRACTUAL</td> <td>\$</td> </tr> </table>	<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>										TOTAL CONTRACTUAL		\$	
<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>														
TOTAL CONTRACTUAL		\$														

  

6. EQUIPMENT (Specify):	
TOTAL EQUIPMENT	\$

  

7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)	
<div>Communication</div> <div>Space Cost</div> <div>Other</div>	
TOTAL OTHER EXPENSES	\$

  

8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)	\$
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9. INDIRECT COST CALCULATION	
Rate #1: Base                      x    RATE                      %    TOTAL	\$
Rate #1: Base                      x    RATE                      %    TOTAL	\$

  

10. OTHER COST DISTRIBUTIONS (LOCAL HEALTH DEPARTMENTS ONLY)	
TOTAL OTHER COST DISTRIBUTIONS	\$

  

11. TOTAL EXPENDITURES (Sum of lines 8 - 10)	\$
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**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

**I. INTRODUCTION**

The Budget Summary (DCH 0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH 0386). General instruction for the completion of these forms follows in Sections IV - V.

**II. DISTRIBUTION**

The original and three (3) copies of the Program Budget Forms are prepared and distributed as follows:

Original and two (2) copies -

Michigan Department of Community Health  
(Bureau/Office)  
(Appropriate Address)

One copy - Retained by Contractor

**III. RETENTION**

This budget should be retained for a period complying with the retention policies established in the agreement.

**IV. PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION**

Use the **Program Budget Summary (DCH 0385)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.1**) for reference.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Code - Enter the program code if applicable.
- D. Budget Period - Enter the inclusive dates of the budget period.
- E. Date Prepared - Enter the date prepared.
- F. Contractor- Enter the name of the Contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the number of the amendment to which the budget is to be attached.



**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

- H. Address - Enter the complete address of the Contractor.
- I. Employer Identification Number - Enter Federal Identification Number.
- J. Category Column

**Expenditures**

1. Salaries and Wages - This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does **not** include contractual service, professional fees or personnel hired on a private contract basis. Subcontractor services are recorded in the Contractual expenditure category line 5 and Vendor services are recorded in the Other Expenses expenditure category line 7.

The salaries and wages line must be supported on the Program Budget-Cost Detail (DCH 0386) which lists each type of position description, number of positions assigned to the program and the budget amount. **This applies only to those positions within the contractor, not to personnel of subcontractors.**

2. Fringe Benefits - This category is to include the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program. **Specific fringe benefits provided must be checked on the Cost Detail Schedule (DCH 0386).**
3. Travel - **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is reported under Other Expenses - Consultant Services line 7. **Specific detail on the DCH-0386 should be provided if this expenditure category total exceeds 10% of total expenditures, line 11.**
4. Supplies and Materials - Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail on the DCH-0386 should be provided if this expenditure category total exceeds 10% of total expenditures, line 11.**
5. Contractual (Subcontracts) - Use for written contracts or agreement with subrecipient organizations such as affiliates, cooperating institutions or delegate contractors **when compliance with state and federal grant requirements is delegated to the subrecipient contractor. Detail on each subcontract (subcontractor name, subcontractor address, amount of subcontract) must be provided on the DCH 0386 Cost Detail Schedule. However, multiple small subcontracts that are under \$1,000 each for the same purpose can be grouped by purpose.** Vendor payments such as auditing and accounting services, janitorial services, stipends and allowances for trainees, patient care, consulting fees, etc., are to be identified in the Other Expenses category line 7.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH 0385, DCH-0386)**

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

6. Equipment - This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Material category.**

**All equipment items summarized on this line must be detailed on the Program Budget-Cost Detail Schedule (DCH 0386).** The schedule must include item description, quantity and budgeted amount. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit.

7. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. If all other expenses can not be identified in the space provided under line 7. **Specific detail on the DCH-0386 should be provided if this expenditure category total exceeds 10% of total expenditures, line 11.**

- a. Consultant Services - These are costs for consultation services related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
- b. Space Cost - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space privately owned facilities in the same general locality.
- c. Communication Costs - Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
- d. Other - All other items purchased exclusively for the operation of the program and not previously included.
- e. Administrative Costs - **This category of costs is not allowed by the Department.**

8. Total Direct Expenditures - Enter the sum of the direct expenditures lines 1-7.

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

9. Indirect Costs - Enter the allowable indirect costs for the budget. Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by the applicable federal cognizant agency or State of Michigan department (i.e. Michigan Department of Education) and is accepted by the Department. Documentation of the federal or state approval is required and should be submitted with the budget documents. **Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule (DCH- 0386). Indirect costs without the proper federal or state approval will not be allowed.**
10. Other Cost Distributions - **This line is only for the use of Local Public Health Departments.**
11. Total Expenditures - Enter the total expenditures budgeted for the program. This is the sum of lines 8, 9, and 10.

**Source of Funds**

12. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds which the program earns through its operation and retains for operation purposes. This would include fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
  13. State Agreement - Enter the amount of MDCH funding allocated for support of this program. State percentages are not required.
  14. Local - Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. **In-kind and donated services from other agencies/sources should not be included on this line. If in-kind and donated services are allowed by Department, record the total amount of these services in the Other funding category, line 16.**
  15. Federal - Enter the amount of any federal grants received directly by the Contractor in support of this program and identify the title of grant received.
  16. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. **In-kind and donated services should not be included unless specifically requested by the Department.**
  17. Total Funding - The total funding amount is entered on line 17. This is determined by adding lines 12 through 16 and must equal line 11 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The "Total Budget" column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

**V. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH 0386) FORM PREPARATION**

Use the **Program Budget-Cost Detail Schedule (DCH 0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference.

- A. Page \_\_\_\_ of \_\_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Code - Enter the program code if applicable.
- D. Budget Period - Enter the inclusive dates of the budget period.
- E. Date Prepared - Enter the date prepared.
- F. Contractor - Enter the name of the contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number.
- H. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program.
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward.
- L. Total Salary and Wages - Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary - Salaries & Wage category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.
- M. Fringe Benefits - Specify if fringe benefits are applicable with an "X" for staff position. **Check type of fringe benefits that apply, enter composite fringe benefit rate and total amount of fringe benefits.**
- N. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385.**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH 0386) FORM PREPARATION (continued)

- O. Supplies & Material - Enter cost of supplies & materials (medical, office, postage). **A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385.**
- P. Contractual (Subcontractors) - **Identify subcontractor(s) by name** working on this program, **including subcontractor(s) address, amount by subcontractor and total of all subcontractor(s).** Multiple small subcontracts under \$1,000 for the same purpose can be grouped by purpose (e.g., various worksite subcontracts).
- Q. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. All equipment listed must cost \$5,000 or more.
- R. Other Expenses - Enter amounts by type of other expenses and total for all types. **A specific description is required if this expenditure category exceeds 10% of total expenditures, line 11 on the DCH-0385.**
- S. Total Direct Expenditures - Enter the sum of the total of lines 1 - 7.
- T. Indirect Cost Calculations - Enter the base(s), rate(s), and amount(s) **if Contractor has a federal approved rate or a rate approved by a State of Michigan department such as the Michigan Department of Education. Attach documentation of the federal or state indirect cost approval.**
- U. Other Cost Distributions - **This category is only for the use of local public health departments.**
- V. Total Expenditures - Enter the sum of the total of lines 8, 9, and 10.

## MENTAL HEALTH AND AGING ADVISORY COUNCIL PRINCIPLES

### **Older persons with mental illness have the full rights of citizenship which include the right:**

- To live with dignity and respect;
- To full and satisfying lives with meaningful participation in the community;
- To make choices regarding living arrangements, activities, and treatment options;
- To receive the care and support of families and caregivers;
- To receive services, treatment, and support that ensure individual choice and self-determination;
- To assist in defining the mental health service system;
- To receive recognition of their value as individuals and the value of their maturity, experiences, and contributions.

### **The Mental Health and Aging Networks should:**

Enhance the relationships and efforts of friends, family, and others;

- Be based on individualized and changing needs, rather than upon diagnostic labels, rigid program models or reimbursement structures;
- Integrate comprehensive service systems to minimize duplication, ensure effective coordination and provide a timely response to the person's changing needs;
- Provide services by persons trained in aging and mental health as well as relevant professional disciplines;
- Provide education to consumers, providers, and communities on the *capacities* of persons with mental illness rather than their limitations.

### **An adequate array of services for older persons with mental illness will:**

- Provide support for older persons with mental illness in their efforts to maintain jobs, homes, and social contact;
- Provide support for older persons with mental illness that does not stigmatize them on the basis of age or diagnosis;
- Promote access to high-quality, cost effective services regardless of severity of illness or age.

## Peer Delivered and Operated Services

The MDCH contract requires CMHSPs to have, as part of its service array, at least one consumer-delivered or operated service.

Peer-operated Support Services are defined as:

Service activities intended to provide recipients with opportunities to learn and share coping skills and strategies, move into active assistance roles, and to build and/or enhance self esteem and self confidence.

Such services may include:

- < consumer run drop-in centers
- < other peer-operated services (e.g., peer-run hospital diversion services)

Additional examples include:

- < consumer owned and run businesses
- < "Project Stay" peer support services
- < housing programs run by consumer organizations

The criteria to evaluate CMHSP contract compliance includes:

- < Evidence that services or supports are delivered by primary consumers to existing or prospective primary consumers. (Therefore, professionally led self help groups would not constitute compliance.)
- < Evidence that services or supports are alternatives or in addition to existing Medicaid covered CMHSP services such as PSR Clubhouse, ACT teams, etc.
- < Evidence that if the service or support is to be delivered in the same site or facility as a PSR Clubhouse, day program, etc. that the services or supports are:
  - occurring at times outside of the "ordered day" or socialization component of the clubhouse
  - occurring at times outside of the day program schedule
  - publicized and made available to persons other than clubhouse members or day program participants
  - those in which consumers have exclusive decision making authority over the planning and implementation of the service and support (i.e., professional staff are involved only as consultants at the request of consumers and not part of the actual service delivery)
- < In the case of self help organizations or activities, the group must consist of non-professionals who have control of the purpose and content of the discussion and evidence of CMHSP direct financial or in-kind support (e.g., donation of building space, phones, travel expenses, etc.) In addition to formal referral agreements.

Evidence of best practice includes:

- < The person providing the service or support is a member/employee of a group or organization external to the CMHSP which decides its own mission, goals, methods, and use of resources (both human and financial).
- < In the case of organizations:
  - the organization's governing body is comprised exclusively of persons who are primary consumers;
  - all of the organization's employees are comprised exclusively of persons who are primary consumers; and
  - the organization has a formal contractual relationship with the CMHSP with an identified liaison responsible for advocacy, consultation and support to the consumer organization.
- < With respect to self help groups, the group has multiple members which meet regularly and are offered in addition to other consumer operated and delivered services.
- < The organization or group is well integrated into the community

**Co-Occurring Disorder Information**

## SUB-GROUPS OF PEOPLE WITH COEXISTING DISORDERS

*Patients with "Dual Diagnosis" - combined psychiatric and substance abuse problems - who are eligible for services fall into four major categories.*

PSYCH. HIGH SUBSTANCE HIGH Serious & Persistent Mental Illness with Substance Dependence	PSYCH. LOW SUBSTANCE HIGH Psychiatrically Complicated Substance Dependence
PSYCH. HIGH SUBSTANCE LOW Serious & Persistent Mental Illness with Substance Abuse	PSYCH. LOW SUBSTANCE LOW Mild Psychopathology with Substance Abuse



Source: Kenneth Minkoff, MD  
TWELVE STEP PROGRAM FOR IMPLEMENTATION OF A COMPREHENSIVE,  
CONTINUOUS, INTEGRATED SYSTEM OF CARE  
Kenneth Minkoff, MD May, 2001

Step 1: Develop a structure and process for integrated system planning

- a. Empower the structure within the system organization
- b. Utilize quality improvement technology
- c. Identify measurable outcomes (system, program, clinical practice, clinical competency, and consumer; structure, process, clinical outcome, satisfaction.)

Tool: Cline, C., Principles of strategic planning for system and service integration.

Step 2: Build consensus on clinical principles

- a. Utilize Minkoff's principles of successful intervention
- b. Formal process of consensus building

Tool: Consensus documents: AACAP, Mass., Arizona, etc.

Step 3: Build consensus on financing principles

- a. Build the system initially utilizing existing resources
- b. Integrated services do NOT require blended funding
- c. Co-occurring disorder services can be provided within each funding stream, contract, service code, and intervention.

Tool: Sample funding and reimbursement policies for contracts and service codes.

Step 4: Identify priority populations

- a. Use the four quadrant model, with IVA and IVB subgroups
- b. Priority populations are IVA and II (NIH); IVB (responsibility to be determined); III (those who are homeless, or involved with corrections, protective services, HIV, pregnant and parenting women)

Tool: National Consensus; NY Quadrant IV Report; Treatment Matching Paradigm

Step 5: Develop program standards

- a. DDC standards for all programs
- b. Incorporate into regulations, licensure, contracts, and certification
- c. Develop DDE standards for all addiction programs, mental health acute care, day treatment, case management, and housing
- e. Set goals for DDE capacity: approximately 20% of addiction capacity; 30-40% of mental health capacity.

Tools: ASAM PPC 2R DDC, DDE standards; Minkoff's description of DDC-CD, DE-CD, DDC-NIH, DDE-MH; Program competency assessment tool.

Step 6: Develop clinical practice guidelines

- a. Guidelines include screening and assessment, treatment matching and treatment interventions, treatment programs, psychopharmacology, and outcomes
- b. Utilize participatory processes to finalize the guidelines
- c. Phase in implementation

Tools: Arizona, New Mexico Practice Guidelines; Chart Audit Tool

Step 7: Implement universal screening, access, and identification

- a. All programs responsible for screening and identification
- b. Recommend screening tools, include trauma screening and sensitivity

- c. Require culturally competent welcoming, access, and screening
- d. Develop criteria for low threshold identification
- e. Establish reporting requirements and include in MIS

Tools: Screening tool packet; MIDAS, ME Screening Form

Step 8: Establish responsibility for integrated continuity of care

- a. Match systems, programs to client quadrant
- b. Continuity of integrated case management at varying levels of intensity from individual clinician to ACT
- c. Use practice guidelines to describe interventions
- d. Phase in implementation

Tools: Treatment Matching Paradigm

Step 9: Develop consensus on required competencies for ad clinicians

- a. System wide or program specific
- b. Include attitudes and values, as well as knowledge and skills
- c. Include cultural competency and trauma sensitivity
- d. Establish mechanism for evaluation of competencies that is objective and easy to attain success

Tools: Competency Lists; Arbour Competency Examination

Step 10: Develop system wide training plan

- a. Develop curriculum for staff
- b. Identify trainers and supervisors for all settings
- c. Develop train the trainer curriculum
- d. Implement training, and plan for ongoing supervision
- e. Encourage opportunities for cultural staff exchange

Tools: Available curricula; Train the trainer curriculum; Curriculum case material

Step 11: Establish structures for interprogram care coordination

- a. Administrative and clinical leadership
- b. Service area specific
- c. Case responsibility to support clinicians
- d. Review procedures to promote collaboration

Step 12: Develop model for a comprehensive array of programs and services

- a. Assign responsibility to each existing program to develop DDC and/or DDE programming for defined population(s)
- b. Develop range of triage and acute care services: emergency services, DDC crisis beds, DDC/DDE Inpatient and partial, DDC/DDE detox
- c. Develop range of models for continuous integrated case management, including flexible outpatient services, various case management intensities, and ACT/CTT as best practices
- d. Develop range of models for day programming and psychosocial rehabilitation services, beginning with implementation of stage specific groups in NM settings, MH/trauma groups in CD settings
- e. Develop range of housing models, including wet, damp, dry concept
- f. Utilize independent and group supported housing models as well as staffed models
- g. Needs assessment to match existing resources and plan for new ones
- h. Begin implementation with small step increments in recontracting with providers, in negotiating with MCOs, in program level changes
- i. Interconnect system, program, clinical practice and competencies

## B2. Comprehensive Program Array

- < Program Categories
- < Addiction System (ASAM PPC2R)
- < DDC-CD
- < DDE-CD
- < AOS
- < Mental Health System (Minkoff)
- < DDC-MH
- < DDE-MH
- < Peer Involvement/Cultural Competency

### Dual Diagnosis Capable: DDC-CD

- < Routinely accepts dual patients, provided:
- < Low NM symptom acuity and/or disability, that do not seriously interfere with CD Rx
- < Policies and procedures present re: dual assessment, rx and d/c planning, meds
- < Groups address comorbidity openly
- < Staff cross-trained in basic competencies
- < Routine access to MM/MD consultation/coord.
- < Standard addiction program staffing level/cost

### Dual Diagnosis Enhanced: DDE-CD

- < Meets criteria for DDC-CD, plus:
- < Accepts moderate MH symptomatology or disability, that would affect usual rx
- < Higher staff/patient ratio; higher cost
- < Braided/blended funding needed
- < More flexible expectations re: group work
- < Programming addresses MH as well as dual
- < Staff more cross-trained/ senior MH supervision
- < More consistent on site psychiatry/psych RN
- < More continuity if patient slips

### Addiction Only Services: AOS

- < Not standard for addiction services
- < Does not meet DDC criteria
- < Dual diagnosis accepted irregularly
- < Dual diagnosis not routinely addressed in treatment, nor documented
- < Appropriate for a narrowing group of clients

### Dual Diagnosis Capable: DDC-MH

- < Welcomes people with active substance use
- < Policies and procedures address dual assessment, rx & d/c planning
- < Assessment includes integrated MH/SA HX, substance diagnosis, phase-specific needs
- < Rx plan: 2 primary problems/goals
- < D/C plan identifies substance specific skills
- < Staff competencies: assessment, motiv.enh., rx planning, continuity of engagement
- < Continuous integrated case mgt/phase-specific groups provided: standard staffing levels

### Dual Diagnosis Enhanced DDE-MH

- < Meets all criteria for DDC-MH, plus: Supervisors and staff: advanced competencies
- < Standard staffing; specialized programming:
  - a. Intensive addiction programming in psychiatrically managed setting (dual inpt unit; dry dual dx housing, supported sober house)
  - b. Range of phase-specific rx options in ongoing care setting: dual dx day treatment; damp dual dx housing
  - c. Intensive case mgt outreach/motiv.enh.: CTT, wet housing, payeeship

## ACT Trainings

The following ACT training descriptions are for your information only. Do NOT respond through the block grant RFP process. The Assertive Community Treatment Association (ACTA) will notify all ACT Teams directly as the various training opportunities are scheduled throughout FY 2003. Interested ACT Team members will register directly with the ACTA primarily on a first come, first served basis, with consideration for rural areas and statewide representation. For each training, registration costs will be covered for a designated number of participants. Additional participants may also register at their own cost based on space availability.

### < **ACT 101**

This two-day didactic and experiential workshop provides an overview of Michigan's assertive community treatment model including: operational philosophy; professional and peer roles; special populations; team treatment approach; treatment issues; person centered planning; health and safety issues; interfacing with other service providers.

### < **Team Coordinator/ Supervisor Leadership Training**

This one day workshop will address the multiple roles of the ACT Team Coordinator/Supervisor including direct service, clinical supervision and Team leader; strategies for effective team leadership including an introduction to team building exercises that can help build team cohesion and effectiveness. The workshop will emphasize practical solutions to supporting and maintaining an effective team. based service.

### < **ACT Consumer Peer Support Advocate and Team Coordinator Training**

A workshop for ACT peer support advocates and their supervisors. Consumers who are receiving service from the ACT team may not also be providers with the same team. The workshop will be conducted by experienced ACT peer advocates and their supervisor. The training will focus on the unique role of consumer providers with special attention to dual role issues; training, individualizing accommodations and internal agency supports.

### < **Practical Skills for Addressing Clinical/Medical/Aging Issues**

A one day training for ACT generalists, supervisors and nurses to more effectively assess and treat individuals whose mental status may be complicated by unrecognized or un-diagnosed medical or aging issues. Dr. Larry Lawhorne, M.D. from Michigan State University will use a case study format to assist participants to develop practical skills when working with persons who have complex conditions.

### < **Dialectical Behavior Therapy (DBT) Introductory Workshop**

This two day workshop by a certified DBT Trainer will provide an overview of Dialectical Behavior Therapy (Linehan, 1993) and will include: DBT Treatment overview, behavioral principles, diagnostic issues, strategies and skills training.

### < **Assisting Consumers to Achieve their Employment Goals**

A one day training for ACT staff to increase their knowledge of the federal Work Incentives Programs. The Benefits Planning Assistance and Outreach Project is a federally funded initiative which includes educating staff to understand the benefits and risks of going back to work and/or increasing their work income.

## Clubhouse Training

The following Clubhouse training descriptions are for your information only. Do NOT respond through the block grant RFP process. A coordinating organization designated by the department will notify all clubhouse programs directly as the various training opportunities are scheduled throughout FY 2003. Interested clubhouse participants will register directly with the designated organization primarily on a first come, first served basis, with consideration for rural areas and statewide representation. For each training, registration costs will be covered for a designated number of participants. Additional participants may also register at their own cost based on space availability.

### < **Expanding Opportunities for Member Self Development**

Genesis Clubhouse has developed a process for developing the confidence and ability of clubhouse members to take on significant roles in their clubhouse, community and other civic organizations. Four clubhouse programs will be chosen to learn this approach through an initial one day orientation and follow-up quarterly technical assistance meetings and phone consultation provided by the Genesis Clubhouse. Clubhouse programs who are interested must identify an experienced club staff member and up to three consumer co-facilitators who will commit to implement this strategy in their clubhouse, attend the projects quarterly meetings and keep monthly reports on progress and obstacles.

### < **Assisting Members to Achieve their Employment Goals**

A one day training for Clubhouse staff to increase their knowledge of the Work Incentives Programs in order to better assist members who are considering working or increasing their current level of employment. The Benefits Planning Assistance and Outreach Project is a federally funded initiative which includes educating staff to understand the benefits and risks of going back to work and/or increasing their work income. The one day training will be provided by trained staff of the Michigan Coalition of Benefits Planning Assistance and Outreach.

### < **Techniques for Creating an Active Clubhouse Environment**

A one day workshop for clubhouse managers and staff conducted by Fresh Start Clubhouse. The training focuses on identifying specific strategies to encourage members to be involved at every level of clubhouse operations and policy making including developing strong peer support relationships, creating leadership opportunities; engaging new members by developing a buddy system.

### < **Clubhouse Schizophrenics Anonymous Self Help Group Training**

A one day training and follow up technical assistance will be provided to to promote the development of Schizophrenics Anonymous groups in clubhouse programs. The training request should identify 1-2 potential SA group leaders. Potential candidates typically have a diagnosis of schizophrenia or other serious mental disorder, can relate to others having serious hallucinations or delusions; and demonstrate good people skills. One clubhouse staff may also apply who may be interested in providing mentoring and support to the SA group leader. Training will be provided by skilled consumer SA trainers and co-ordinated through the National Schizophrenia Foundation.